

**MASTER CONTRACT HHS-PHSD-00000506
TASK ORDER NUMBER 25-07-4-31-103-0**

**TO THE MASTER CONTRACT
EFFECTIVE JULY 1, 2019 TO JUNE 30, 2026
BETWEEN THE STATE OF MONTANA,
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AND BROADWATER COUNTY**

Immunization Program

SECTION 1. PARTIES

This Task Order is entered into between the Montana Department of Public Health and Human Services, ("Department"), P.O. Box 4210, Helena, Montana, 59620, Phone Number (406) 444-5623, Fax Number (406) 444-1970, and Broadwater ("Contractor"), Federal ID Number 81-6001337, UEI ENMTASEFELN8 and 124 N Cedar St, Townsend, MT 59644.

THE DEPARTMENT AND CONTRACTOR AGREE AS FOLLOWS:

SECTION 2. PURPOSE

The purpose of this Task Order is to reduce the burden of vaccine preventable disease within the Contractor's service area by ensuring the oversight and provision of immunization services for children, adolescents, and adults.

SECTION 3. TERM OF TASK ORDER

- A. The term of this Task Order for the purpose of delivery of services is from 07/01/2024 through 06/30/2025.
- B. Each Party, after expiration or termination of this Task Order, remain subject to and obligated to comply with all legal and continuing contractual obligations arising in relation to its duties and responsibilities that may arise under the Task Order including, but not limited to, record retention, audits, indemnification, insurance, the protection of confidential information, and property ownership and use.

SECTION 4. SERVICES TO BE PROVIDED AND SCOPE OF WORK

- A. The Contractor agrees to provide the following services:
 - 1. Obtain and maintain staff proficiency in imMTrax the statewide immunization information system (IIS).
 - a. Updating and maintaining immunization records in the IIS.
 - b. Ensuring all employees requiring imMTrax access complete the appropriate access requests and agreements.

- c. Ensuring all employees requiring imMTrax access complete training/updates applicable to their user role. DPHHS offers training throughout the year through a variety of media including in-person trainings and webinars.
 - d. Ensuring a minimum of one employee is trained in and obtains imMTrax access that has the ability to merge client records. Designated employee(s) should have plans to review the merge queue on a frequent and ongoing basis.
 - e. Providing accurate and timely documentation of staffing changes resulting in imMTrax user deletion or adjustments in user roles as outlined in the imMTrax IIS Memorandum of Agreement.
2. As appropriate, provide aid to schools, upon request, regarding school immunization requirements.
 3. Collaborate with local public health communicable disease program to identify pregnant women who are hepatitis B positive and assist case management in ensuring hepatitis B prophylaxis for the infant after birth.
 4. Provide and/or coordinate the delivery of immunization services, when requested, to children, adolescents, and adults per standing orders/facility medical protocol.

Suggested activities may include, but are not limited to:

- a. Offer routine vaccines at regularly scheduled times and maintain walk-in availability for those who are unable to make appointments.
- b. Offer vaccines at non-routine immunization clinics such as clinics at schools or sports physicals.

Report quarter 1, on the Clinic Information Form (attachment A) when your immunization clinic is available to provide vaccines. Include the day(s) of the week and times immunization clinics are offered and if your clinic allows for walk-ins. Provide a description of any off-site clinics your jurisdiction may hold throughout the year for the public (for example: school or influenza clinics).

5. Collaborate with your local Women, Infants, Children Program (WIC) throughout the contract period to ensure WIC clients are up to date with Advisory Committee on Immunization Practices (ACIP) recommended vaccinations.

Suggested activities may include, but are not limited to:

- a. Checking the immunization status of children prior to the WIC visit;
- b. Providing immunization services and/or recall/reminder notices for the parents.

Report quarterly, on the WIC Collaboration Form (Attachment B), describing how your county collaborates with the WIC program in your area during first quarter or if it changes throughout the year. Each quarter please provide us with the total number of WIC clients assessed, total number of records reviewed, how many were up to date, how many were not up to date, how many of those you immunized during that quarter, total of records not available, and any highlights that your county is doing currently.

6. Select at least one quality improvement (QI) project listed below to complete over the next contract year. These strategies are designed to increase on-time vaccination of children and

adolescents. The strategy selected should be something new or an enhancement of an existing strategy you are currently using.

Suggested activities may include, but are not limited to:

- a. Schedule the next visit before the patient leaves the office;
 - i. Consider scheduling the next visit prior to administering vaccines; scheduling the next visit even if client is unsure they can make the appointment and they can reschedule if necessary; train multiple people to schedule appointments; having the vaccinator schedule from the treatment room if the front desk is too busy with new clients.
- b. Leverage IIS functionality to improve immunization practice;
 - i. Use imMTrax tools including coverage rate, recall/reminder, and/or manage population reports.
- c. Give a strong vaccine recommendation (including HPV) and vaccine conversations;
 - i. Use resources designed to guide you and your staff with conversational techniques for discussing vaccines with parents: talking to parents about vaccines; HPV resources.
- d. Strengthen vaccination communications;
 - i. Develop a vaccination policy/statement for patients; look for posters, social medial posts, etc. for addressing the community; share specific vaccine information with parents of children and/or teens.
- e. Custom quality improvement activity.
 - i. Develop a county specific vaccine QI strategy/project to increase on-time or catch-up vaccination of children and adolescents.

Report quarterly, on the Quality Improvement Form (Attachment C), what quality improvement project has been selected from the list of strategies; summarize the status of what is happening in your office currently. Summarize opportunities for improvement i.e., what you would like to do to improve; describe action items i.e. who is assigned to review, train, implement each aspect of the strategy with dates and specific action items.

7. Maintain current and identify new programs and partners within local jurisdictions to develop partnerships for routine vaccine outreach, education, and planning to increase community capacity to provide opportunities for routine vaccination for at-risk communities.

Required activities to include:

- a. Offer education programs created and provided by the Montana Immunization Program or CDC;
- b. Develop and disseminate targeted materials for vaccine confidence and education to underserved populations;
- c. Collaborate with private clinics, other public health programs, community-based organizations, and other stakeholders to promote immunizations in your jurisdiction.

Examples may include, but are not limited to:

- i. Collaborate with cancer prevention partners to promote HPV vaccination.
- ii. Collaborate with other immunization clinics in your jurisdiction to provide immunization education materials for pregnant women and their infants.
- iii. Collaborate with correctional facilities to educate about routine vaccinations and ensure these populations have access to vaccination services.
- iv. Collaborate with long term care and other high-risk congregate care settings to educate about routine vaccinations and ensure these populations have access to vaccination services.
- v. Provide professional development and training to ensure workforce is proficient in providers services to at risk communities.

Report quarterly, on the Promote Partnerships and Vaccination Services Form (Attachment D) what activities were implemented and include information on how many people attended trainings, meetings, and/or how many were vaccinated.

8. Collaborate with local Public Health Emergency Preparedness (PHEP) program personnel, as appropriate, to improve and maintain community preparedness for influenza and other vaccine preventable disease pandemic responses.

Required activities to include:

- a. Collaborating with PHEP partners to assist in the completion of immunization specific deliverables as described in the PHEP contract.
 - i. IZ1- Report the number of off-site vaccination clinics conducted and doses of vaccine administered. Due quarterly.
 - ii. IZ2- Provide a list of influenza vaccine partner meetings, planning meetings, or vaccine preventable messaging activities. If promotional materials were used, indicate types used. Due quarterly.
 - iii. CM1- Off-site Point of Dispensing (POD) Vaccination Clinic; includes conducting off-site vaccination clinic as a POD exercise following your emergency medical countermeasures plan, completing the checklist of best practices for vaccination clinic held at satellite, temporary, off-site locations, and implementing population ground screening questions. Due quarter 2.
- b. Maintain a list of all complementary immunization providers in your jurisdiction (pharmacies).

Report quarter four, on the Complementary Immunization Providers (Attachment E) any updates that need to be made.

9. Assess immunization records for required vaccinations for children enrolled in a licensed childcare facility and notify childcare providers of children enrolled without proper documentation of immunizations as outlined in A.R.M. 37.95.140.
 - a. Childcare facility reviews should be conducted on-site, at a minimum of 60% of all facilities (jurisdictions with 150 or more total facilities, should visit 50% of all childcares) including 100% of licensed childcare centers. If a facility is not 100% compliant, reviewer will implement follow-up procedure. Facilities not assessed in the year previous, should be assessed in this contract year. Completed reviews are to be submitted to DPHHS within 10 working days of completion via the online childcare reporting system.

Report quarterly, on the Childcare Progress Review (Attachment F), describing an update on your yearly childcare reviews and any notes describing successes or challenges.

10. Update all deliverables using the links provided by the immunization program within 15 days after the end of each quarter.

B. The Department agrees to do the following: Provide allocation of funds based upon the required activities.

1. Provide allocation of funds based upon required activities.
2. Provide contractor training, technical assistance, and help desk support for imMTrax.
3. Provide to the contractor, via website and/or secure means;
 - a. List of childcare facilities;
 - b. Childcare review worksheet;
 - c. List of VFC clinics;
 - d. Reports regarding the immunization status of children in your county and/or seen at your clinic.
4. On a quarterly basis, reimburse the contractor for expenditures up to the limit of this task order for immunization activities described above. Once deliverables have been submitted and reviewed by DPHHS.
5. Provide guidelines, templates, formats, and requirement criteria for each activity required.
6. Provide training and technical assistance on immunization practices through a variety of training resources.
7. Communicate regularly with the Contractor through monthly conference calls, telephone, e-mail, and fax as necessary to enable the Contractor to complete Task Order requirements.
8. To the extent resources and time allow, provide on-site technical assistance concerning immunization services.

SECTION 5. CONSIDERATION, PAYMENTS, AND PROGRESS PAYMENTS

A. In consideration of the services provided through this Task Order, the Department will pay the Contractor a total of \$45,472.00 as follows:

Quarterly payments, for 25% of the total contract award, will be made upon receipt of completed progress reports indicating completion of all activities listed in SECTION 4.

B. All progress reports must be received by the Department no later than 15 days following the end date of each quarter. Payments will be issued upon review and approval of the progress reports.

C. The completion date of performance for purposes of issuance of final payment for services is the date upon which the Contractor submits to the Department such final reports as are required under this Task Order and are satisfactory in form and content as determined by the Department.

SECTION 6. SOURCE OF FUNDS AND FUNDING CONDITIONS

The sources of the funding for this Task Order are \$43,898.00 from 93.268 CDC-RFA-IP19-101 Immunization and Vaccines for Children-COVID19 vaccination planning and implementation and \$1,574.00 from state special revenue.

- A. The source of the funding for this task order is a federal grant from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services.
- B. The Contractor agrees to refrain from using funds received from the Department pursuant to this task order to purchase vaccine or equipment or for construction, fund raising, or lobbying.
- C. The Contractor agrees to refrain from using the funds received from the Department under this task order to supplant local resources or funds being spent for immunization services, including personnel support.
- D. The Contractor agrees to submit to the Department a quarterly progress report describing the activities required above no later than 15 days after the end of the quarter for which funding under this Task Order is available. Each report must cover the activities conducted during the specified three-month period.
- E. The Contractor will ensure that any program income accruing to the Contractor from activities funded, in whole or in part, under this agreement is used in accordance with the requirements of 45 CFR Section 74.24.

SECTION 7. CFR 200 REQUIREMENTS

As shown on attachment H.

SECTION 8. TERMINATION

Either party may terminate this Task Order in accordance with the Master Contract.

SECTION 9. LIAISON AND SERVICE OF NOTICES

- A. Bekki Wehner, or their successor, will be the liaison for the Department. Contact information is as follows:

Bekki Wehner
DPHHS Immunization Program
P O Box 202951
Helena, MT 59601
Phone Number (406) 444-0065
Fax Number (406) 444-2920
bwehner@mt.gov

Diane Thorne, or their successor, will be the liaison for the Contractor. Contact information is as follows:

Diane Thorne
Broadwater County Health Department
124 N Cedar St
Townsend, MT 59644
Phone Number (406) 266-5209
Fax Number (406) 266-3940
dthorne@co.broadwater.mt.us

These above referenced liaisons serve as the primary contacts between the parties regarding the performance of this Task Order. The State's liaison and Contractor's liaison may be changed by written notice to the other party.

- B. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties' addresses set out in this Task Order.

SECTION 10. FEDERAL REQUIREMENTS

The Contractor agrees that they will comply with all federal statutes and regulations in providing services and receiving compensation under this Task Order. The Contractor acknowledges that there are certain federal statutes and reporting requirements that must be followed whenever certain federal funds are used. It is the Contractor's responsibility to comply with all federal laws and reporting requirements.

SECTION 11. DEPARTMENT GUIDANCE

The Contractor may request from the Department guidance in administrative and programmatic matters that are necessary to the Contractor's performance. The Department may provide such guidance as it determines is appropriate. Guidance may include providing copies of regulations, statutes, standards and policies that are to be complied with under this Task Order. The Department may supply essential interpretations of such materials and this Task Order to assist with compliance by the Contractor. The Contractor is not relieved by a request for guidance of any obligation to meet the requirements of this Task Order. Legal services will not be provided by the Department to the Contractor in any matters relating to the Task Order's performance under this Task Order.

SECTION 12. INFORMAL DISPUTE RESOLUTION PROCEDURES

In addition to the Choice of Law and Remedies in the Master Contract, the Contractor may provide written request for resolution about any disagreement about the Task Order to the Public Health & Community Affairs Executive Director David Gerard, Phone Number (406) 444-3654, Fax Number (406) 444-1970, David.Gerard@mt.gov with a copy to Director Charles T. Brereton, Phone Number (406) 444-5623, Fax Number (406) 444-1970, Charles.brereton@mt.gov.

SECTION 13. PUBLIC INFORMATION AND DISCLAIMERS

- A. The Contractor may not access or use personal, confidential, or privileged information obtained through the Department, its agents and contractors, unless the Contractor does so:
1. in conformity with governing legal authorities and policies;
 2. with the permission of the persons or entities from whom the information is to be obtained; and
 3. with the review and approval by the Department prior to use, publication or release.

Privileged information includes information and data the Department, its agents and contractors produce, compile or receive for state and local contractual efforts, including those local and state programs with which the Department contracts to engage in activities related to the purposes of this Task Order.

- B. The Contractor may not use monies under this Task Order to pay for media, publicity or advertising that in any way associates the services or performance of the Contractor or the

Department under this Task Order with any specific political agenda, political party, a candidate for public office, or any matter to be voted upon by the public. Media includes but is not limited to commercial and noncommercial print, verbal and electronic media.

- C. The Contractor must inform any people to whom it provides consultation or training services under this Task Order that any opinions expressed do not necessarily represent the position of the Department. When using non-federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the statement:

“This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.”

- D. The Contractor must state the percentage and the monetary amount of the total program or project costs of this Task Order funded with (a) federal monies and (b) non-federal monies in all statements, press releases, and other documents or media pieces made available to the public describing the services provided through this Task Order.

“For contracts funded in whole or part with federally appropriated monies received through programs administered by the U.S. Department of Health & Human Services, Education or Labor. Section 503 of H.R. 3288, “Consolidated Appropriations Act, Division D, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010”, Pub. L. No. 111-117, and in H.R. 1473, “Department” Of Defense And Full-Year Continuing Appropriations Act, 2011”, Title I – General Provisions, Sec. 1101, Pub. L. 112-10, and as may be provided by congressional continuing resolutions or further budgetary enactments.”

- E. When using federal funds from this Task Order, all public notices, information pamphlets, press releases, research reports, posters, public service announcements, web sites and similar modes of presenting public information pertaining to the services and activities funded with this Task Order prepared and released by the Contractor must include the following statement or its equivalent and must be approved by the Department liaison, prior to use, publication and release.

*“This project is funded in part **AND/OR** in whole by grant number(s) 93.268 from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and from the Montana Department of Public Health and Human Services. The contents herein do not necessarily reflect the official views and policies of the U.S. Department of Health and Human Services or the Montana Department of Public Health and Human Services.”*

- F. Before the Contractor uses, publishes, releases or distributes them to the public or to local and state programs, the Department must review and approve all products, materials, documents, publications, press releases and media pieces (in any form, including electronic) the Contractor or its agents produce with task order monies to describe and promote services provided through this Task Order.

SECTION 14. SCOPE OF TASK ORDER

This Task Order consists of 10 numbered pages and the following Attachments:

- Attachment A: Clinic Information
- Attachment B: WIC Collaboration
- Attachment C: IZ Quality Improvement
- Attachment D: IZ Promote Partnerships
- Attachment E: IZ Complementary Immunization Providers
- Attachment F: IZ Childcare Progress Reviews
- Attachment G: FFATA Summary
- Attachment H: Compliance with Warranties

All of the provisions of the Master Contract are incorporated into and are controlling as to this Task Order. In the case of a material conflict, a dispute, or confusing language between this Task Order and Master Contract the Master Contract shall control. This Task Order does not stand alone. If Master Contract lapses, so does this Task Order. The original Task Order will be retained by the Department. A copy of the original has the same force and effect for all purposes as the original. This is the entire Task Order between the parties.

SECTION 15. AUTHORITY TO EXECUTE

Each of the parties represents and warrants that this Task Order is entered into and executed by the person so authorized to bind the party to the provisions of this Task Order and the Master Contract.

IN WITNESS THEREOF, the parties through their authorized agents have executed this Task Order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BY: _____ Date: _____
Todd Harwell, PHSD Administrator

BY: _____ Date: _____
David Gerard,
Public Health & Community Affairs Executive Director

BY: _____ Date: _____
Charles T. Brereton, Director

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES PUBLIC HEALTH & SAFETY DIVISION

BY:  _____ Date: 4/22/2024
9EC2EA7760884E8...
Kim Venetz, PHSD Contracts Manager

CONTRACTOR, BROADWATER

BY: _____ Date: _____
Broadwater County Commissioner

ATTACHMENT A

Clinic Information Form



Clinic Information Form Attachment A

IAP Contract Language Section: Provide and/or coordinate the delivery of immunization services, when requested, to children, adolescents, and adults per standing orders/facility medical protocol. Suggested activities may include but are not limited to: Offer routine vaccines at regularly scheduled times and maintain walk-in availability for those who are unable to make appointments. Offer vaccines at non-routine immunization clinics such as clinics at schools or sports physicals.

Report quarter 1, on the Clinic Information Form (attachment A) when your immunization clinic is available to provide vaccines. Include the day(s) of the week and times immunization clinics are offered and if your clinic allows for walk-ins. Provide a description of any off-site clinics your jurisdiction may hold throughout the year for the public (for example: school or influenza clinics).

County Name:

Days of the week	Vaccination Clinic Hours	Type of services offered
		Walk-in only
		Appointment only
		Both walk-in and appointments

Example:
 School based clinic conducted in October.
 Influenza drive up clinic in November.
 School clinics twice a year.

Updated 03/2024

ATTACHMENT B

WIC Collaboration



**WIC Collaboration
Attachment B**

IAP Contract Language Section: Collaborate with your local Women, Infants, Children Program (WIC) throughout the contract period to ensure WIC clients are up to date with Advisory Committee on Immunization Practices (ACIP) recommended vaccinations. Suggested activities may include, but are not limited to: Checking the immunization status of children prior to the WIC visit; Providing immunization services and/or recall/reminder notices for the parents.

Report quarterly, on the WIC Collaboration Form (Attachment B), describing how your county collaborates with the WIC program in your area during first quarter or if it changes throughout the year. Each quarter please provide us with the total number of WIC clients assessed, total number of records reviewed, how many were up to date, how many were not up to date, how many of those you immunized with that quarter, total of records not available, and any highlights that your county is doing currently.

County Name:

My County Does Not Provide WIC Services and this is provided by _____.

Quarter 1,2,3,4					
# of WIC patients assessed	# of Records Reviewed	# Up-to-Date	# NOT up-to-date	# Immunized in the Qtr.	# of Records not available
<input style="width: 20px; height: 20px;" type="text" value="1"/>	<input style="width: 20px; height: 20px;" type="text" value="2"/>				<input style="width: 20px; height: 20px;" type="text" value="3"/>
We are doing great this quarter.					

ATTACHMENT C

Quality Improvement Form



Quality Improvement Form Attachment C

IAP Contract Language Section: Select at least one quality improvement (QI) project listed below to complete over the next contract year. These strategies are designed to increase on-time vaccination of children and adolescents. The strategy selected should be something new or an enhancement of an existing strategy you are currently using. Suggested activities may include, but are not limited to: Schedule the next visit before the patient leaves the office; Consider scheduling the next visit prior to administering vaccines; scheduling the next visit even if client is unsure they can make the appointment and they can reschedule if necessary; train multiple people to schedule appointments; having the vaccinator schedule from the treatment room if the front desk is too busy with new clients. Leverage IIS functionality to improve immunization practice; Use imMTrax tools including coverage rate, recall/reminder, and/or manage population reports. Give a strong vaccine recommendation (including HPV) and vaccine conversations; Use resources designed to guide you and your staff with conversational techniques for discussing vaccines with parents: talking to parents about vaccines; HPV resources. Strengthen vaccination communications; Develop a vaccination policy/statement for patients; look for posters, social medial posts, etc. for addressing the community; share specific vaccine information with parents of children and/or teens. Custom quality improvement activity. Develop a county specific vaccine QI strategy/project to increase on-time or catch-up vaccination of children and adolescents.

Report quarterly, on the Quality Improvement Form (Attachment C), what quality improvement project has been selected from the list of strategies; summarize the status of what is happening in your office i.e., what you are doing now. Summarize opportunities for improvement i.e., what you would like to do to improve; describe action items i.e. who is assigned to review, train, implement each aspect of the strategy with dates and specific action items.

County Name:

QI Strategy selected	
Summarize this strategy's current implementation status	
Summarize existing gaps/limitations and opportunities for improvement in the current implementation of this strategy	
Describe action items for this strategy/develop a plan (i.e., implementation/improvement steps) Short bullets recommended. <ul style="list-style-type: none"> • Brief description of task [assigned staff: target date] 	

Updated 03/2024

ATTACHMENT D

Promote Partnerships and Vaccination Services



Promote Partnerships and Vaccination Services Attachment D

IAP Contract Language Section Maintain current and identify new programs and partners within local jurisdictions to develop partnerships for routine vaccine outreach, education, and planning to increase community capacity to provide opportunities for routine vaccination for at-risk communities. Required activities to include: Offer education programs created and provided by the Montana Immunization Program or CDC; Develop and disseminate targeted materials for vaccine confidence and education to underserved populations; Collaborate with private clinics, other public health programs, community-based organizations, and other stakeholders to promote immunizations in your jurisdiction; Examples may include, but are not limited to: Collaborate with cancer prevention partners to promote HPV vaccination. Collaborate with other immunization clinics in your jurisdiction to provide immunization education materials for pregnant women and their infants. Collaborate with correctional facilities to educate about routine vaccinations and ensure these populations have access to vaccination services. Collaborate with long term care and other high-risk congregate care settings to educate about routine vaccinations and ensure these populations have access to vaccination services. Provide professional development and training to ensure workforce is proficient in providers services to at risk communities.

Report quarterly, on the Promote Partnerships and Vaccination Services Form (Attachment D) what activities were implemented and include information on how many people attended trainings, meetings, and/or how many were vaccinated.

County Name:

Quarter 1
Quarter 2
Quarter 3
Quarter 4

Updated 03/2024

ATTACHMENT E

Complementary Immunization Providers



Complementary Immunization Providers Attachment E

Check here if there are no pharmacies in your county

Name of Pharmacy	Point of Contact	Phone #	Address	Type of Pharmacy	Does the pharmacy offer flu vaccination?	Additional Comments
EXAMPLE	JOHN DOE	444-444-444	1234 Main Street	Chain, Supermarket, Mass Merchant, or Independent	Yes, No, Unknown	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	
				----	----	

ATTACHMENT F

Childcare Progress Reviews



Childcare Progress Reviews Attachment F

IAP Contract Language Section: Assess immunization records for required vaccinations for children enrolled in a licensed childcare facility and notify childcare providers of children enrolled without proper documentation of immunizations as outlined in A.R.M. 37.95.140. Childcare facility reviews should be conducted on-site, at a minimum of 60% of all facilities (jurisdictions with 150 or more total facilities, should visit 50% of all childcares) including 100% of licensed childcare centers. If a facility is not 100% compliant, reviewer will implement follow-up procedure. Facilities not assessed in the year previous, should be assessed in this contract year. Completed reviews are to be submitted to DPHHS within 10 working days of completion via the online childcare reporting system.

Report quarterly, on the Childcare Progress Review (Attachment F), describing an update on your yearly childcare reviews and any notes describing successes or challenges.

County Name:

Email:

Please provide an update on your 2023-2024 childcare reviews and note any successes or challenges.

ATTACHMENT G

FFATA Summary

DPHHS-FB-180
Rev. 7/13/23

State of Montana
Department of Public Health and Human Services
Business and Financial Services Division

**Federal Funding Accountability and Transparency Act
FFATA Summary: FFATA Common Data Elements Report
Section 1: Sub-Award Information Required for Reporting**

This report must be completed upon contract obligation of >\$30,000.

MT Item	MT Data Element	Insert Data	Description
FFATA-1-01	Subrecipient UEI Number	ENMTASEFELN8	Provide subrecipient organization's 12-digit Data Universal Numbering System (UEI) number or Central Contractor Registration plus 4 extended UEI number.
FFATA-1-02	DPHHS Contract Number	25-07-4-31-103-0	Provide contract/grant/award number (if any) assigned to the subrecipient award by recipient.
FFATA-1-02-A	Grant Award Name	CDC-RFA-IP19-1901 Immunization and Vaccines for Children – COVID19 vaccination planning and implementation	Provide grant/award name assigned by the federal government (i.e. Child Abuse; VR-Independent Living; Immunization; Primary Care; Substance Abuse, etc).
FFATA-1-03	Subrecipient Name	Broadwater County	Provide legal name of subrecipient as registered in the Central Contractor Registration (www.sam.gov).
FFATA-1-04-A	Address Line 1	124 N Cedar St	Physical location as listed in Central Contractor Registration.
FFATA-1-04-B	Address Line 2	Insert Address	

FFATA-1-04-C	City	Townsend	
FFATA-1-04-D	State	MT	
FFATA-1-04-E	Zip+4	59644	
FFATA-1-04-F	Congressional District	02	01 or 02 for District if MT.
FFATA-1-05	CFDA/ALN (Catalog of Federal Domestic Assistance) Number	93.268	If not known, DPHHS will complete.
FFATA-1-06	Total Contract	\$43,898.00	Provide total amount obligated to subawardee or subcontractor for contract period indicated.
FFATA-1-07	Contract Period	07/01/2024-06/30/2025	Indicate project/grant period established in subaward document during which sponsorship begins and ends. For multi-year awards for a project/grant period (e.g., 5 years) funded in increments known as budget periods or funding periods, provide total project/grant period, not individual budget period or funding period.
FFATA-1-08-A	Primary Performance City	Townsend	Provide City of primary performance.
FFATA-1-08-B	Primary Performance County	Broadwater	Provide County of primary performance.
FFATA-1-08-C	Primary Performance State	MT	Provide State of primary performance.
FFATA-1-08-D	Primary Performance Zip+4	59644	Provide Zip of primary performance.
FFATA-1-08-E	Congressional District	<u>02</u>	Provide Congressional District of primary performance.

FFATA-1-09	Funding Agency	Centers for Disease Control and Prevention	If not known, DPHHS will complete.
FFATA-1-10	Brief Description of Purpose of Funding Action	To monitor Immunizations and Vaccines for Children – COVID19 vaccination planning and implementation.	

DPHHS-FB-181
Rev. 01/18/2024

State of Montana
Department of Public Health and Human Services
Business and Financial Services Division

Federal Funding Accountability and Transparency Act
FFATA Summary: FFATA Common Data Elements Report
Section 2: Officers/Executive Compensation Report

This section must be completed upon contract obligation of >\$30,000 and yearly thereafter.

CONTRACT TITLE: Immunization Program
DPHHS CONTRACT #: 25-07-4-31-103-0
UEI #: ENMTASEFELN8
SUBMITTED BY:
INSERT DATE:
Is Subrecipient (Contractor) Exempt?

	Name	Total Compensation	Title
1.	Insert Name	Insert Amount	Insert Title
2.	Insert Name	Insert Amount	Insert Title
3.	Insert Name	Insert Amount	Insert Title
4.	Insert Name	Insert Amount	Insert Title
5.	Insert Name	Insert Amount	Insert Title

RETURN FFATA FORMS TO:
DPHHS
ATTN: BFSD-FFATA REPORTING
PO Box 4210
Helena, MT 59604-4210
or
e-Mail: hhsffata@mt.gov

DPHHS has compiled most of the information required on the FFATA forms. The remaining information must be provided by you, the contractor. Failure to provide this information will result in a delay in issuing payments and may be considered breach of the contract.

ATTACHMENT H

Compliance with laws/warranties

The following information may be required pursuant to 2 CFR 200.

1) Sub recipient name	Broadwater County Health Department	Broadwater County Health Department
2) Sub recipient UEI Number	ENMTASEFELN8	ENMTASEFELN8
3) FAIN number	NH231P922574	NH231P922574
4) Federal award date	To be determined.	03/31/2021
5) Federal award budget period start & end date	07/01/2024-06/30/2025	07/01/2024-06/30/2025
6) Total amount of funds obligated with this action	\$3,453.00	\$40,445.00
7) Amount of federal funds obligated to sub recipient	\$3,453.00	\$40,445.00
8) Total amount of the federal award	\$3,453.00	\$40,445.00
9) Project description	CDC-RFA-IP19-1901 Immunization and Vaccines for Children - COVID 19 vaccination planning and implementation	CDC-RFA-IP19-1901 Immunization and Vaccines for Children - COVID 19 vaccination planning and implementation
10) Awarding agency/pass-through entity	CDC/PHSD Immunization Program. Bekki Wehner, bwehner@mt.gov , 406-444-0065	CDC/PHSD Immunization Program. Bekki Wehner, bwehner@mt.gov , 406-444-0065
11) Assistance Listing Number (formerly CFDA #)	93.268/Immunization Cooperative Agreements	93.268/Immunization Cooperative Agreements
12) Research & Development: Yes/No	No	No
(13) Indirect cost rate	N/A	N/A